NOD Craft

Panel #3

Statement of the Veterans of Foreign Wars,

Department of Wyoming

to the Commission on Capital Asset Realignment for Enhanced Services (CARES),

October 23, 2003 in Cheyenne, Wyoming

Mr. Chairman and members of the CARES Commission: I am pleased to discuss the impact of the CARES planning process on the future mission of the Cheyenne VA Medical Center, specifically, and on our state generally. The VFW has devoted a great deal of effort working on and coordinating the market plans. While doing so, we continually focused on VA's long term planning mission which is: "to improve access, quality, and cost effectiveness of veteran's health care."

We agree that VA must properly address the realignment of infrastructure so veterans receive "the right care, at the right place,

and at the right time." Tough choices must be made so scarce resources are consumed effectively.

The Cheyenne VA Medical Center's mission is to provide quality health care services for southern Wyoming, western Nebraska, and northern Colorado veterans. The Medical Center has an active DoD partnership with the local Air Force Base and is a provider of medical services for eligible TRICARE beneficiaries.

Our residents accept the rigors, hardships, and challenges of living in the Rocky Mountain west. VA must recognize the unique demands of the western lifestyle and tailor delivery of services to the region accordingly. Over the years, Cheyenne VA Medical Center management has designed their health care services to meet the unique demands of veterans living in rural and frontier areas as effectively and efficiently as possible.

The draft National CARES plan for VA's small facilities recommends that the Cheyenne VA Medical Center maintain acute medical beds, convert to a Critical Access Hospital model, and evaluate the ICU for closure. A review of the Center's inpatient surgery program to develop "more restrictive" parameters is planned.

It seems to us that local recommendations were ignored or revised by the national CARES planning staff without benefit of supporting data. For example, if Cheyenne's ICU is closed, the nearest VA ICU is over 100 miles further away. Washington's recommendation to close the ICU seems to be meddling and micro management of what we view as a logical, local management decision. If the Medical Center's professional staff determines that continuing ICU services is necessary for quality VA health care, the discussion should end at that point.

The text of the draft national plan is unclear and troubling; the wording and terminology used, such as the meaning of a Critical Access Hospital model, is vague and confusing. The plan's executive summary appears to be in conflict with the proposals located in Table 8.2, Small Facility Recommendations. Where are the enhanced services?

Several detailed program reviews, including a comprehensive study compiled by a private consulting firm, support the locally developed market plans. Transferring surgical services to another VA hospital creates a market gap. A contract with the community hospital would not be cost effective and with no guarantee of measurable improvement in quality over VA services now being provided in-house. Cheyenne's performance indicators meet or exceed the VA's national goals in many important categories; the quality of care provided to their patients is undeniably high.

It makes no sense, for the VA to transfer inpatient services to the Denver VA Medical Center, over 100 additional miles south. For one thing, veteran's access to care provided by Denver is not timely. Delays in obtaining routine services such as MRIs and heart catherizations are common due to patient backlogs. Veterans must seek services through other sources such as Medicare; or pay several thousand dollars out of pocket for non-VA services when VA care is not readily available or when care is urgently needed. We believe patients, veterans or non-veterans, should be treated as close to their homes as possible.

It is well known, all things being equal, that veterans prefer to receive their care in a local VA facility; an earned benefit in return for the sacrifices of faithful military service. By Wyoming standards, the Cheyenne facility is an average sized hospital; making it appropriately sized and located to satisfy the primary and secondary medical needs of the veterans living in the smaller

communities, or on farms, and ranches scattered throughout the facility's catchment area. We believe the litmus test for determining the future missions of VA's small facilities should be the "value added" the facility brings to the health care system, and not simply size.

The VA's often overlooked fourth mission is provide backup medical support to the Department of Defense and other federal agencies in time of national emergency. Any recommendation to transfer or contract VA inpatient services may limit the VA's surge capacity, when or where needed, to meet the increased medical demands required by war, domestic disturbance, or national emergency. If the Cheyenne VA Medical Center is to lose inpatient services, this would be the third federally operated hospital in the region to be closed or down-sized within the last several years, the first being Fitzsimmons Army Medical Center in

Denver, and the second is the F.E. Warren Air Force Base hospital, which is now staffed as a clinic.

The success story of the Cheyenne VA Medical Center should continue un-encumbered by the CARES process. Not one veteran should be left behind by the CARES planning process.

Therefore, we are confident that a positive outcome of the CARES process is the Commission's recognition of the need to work towards achieving the VA's goal of improving veteran's access, especially after fully considering the unique requirements of veterans living in our rural and frontier areas.

We recommend two ways of enhancing services; retaining inpatient services at Cheyenne and additional primary care clinics in rural communities. We strongly support establishing VA outpatient access points in Afton/Star Valley, Rawlins, and

Sterling, Colorado as VA components to meet the health care needs of the veterans living in these rural or frontier areas. Regretfully, these outpatient clinics are not supported in this tier of the draft national plan.

We believe these are best options, each designed to meet the existing and future primary care and secondary care needs of veterans in the most cost-effective and efficient manner without placing greater hardships on the veterans who depend on the VA health care system.

This concludes my statement, thank you for the opportunity to address our point of view to the members of the CARES Commission today.

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CARES

Remarks 10/23/03

G.L. Jacobs
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Chairman
Department of Wyoming CARES Committee
The American Legion
Cheyenne Wyoming

Thank you for the opportunity today to express the views of the American Legion on the Capital Asset Realignment for Enhanced Services (CARES), and our Concerns, for the effect on Wyoming Veterans. As Chairman of the Department of Wyoming Cares Committee, a Veteran, and Shareholder, I am honored to be here today.

The CARES process has identified Hospital care gaps in our Market. The proposed solution to these gaps this would be to "contract out" to the private sector for care access and tertiary care. While we do recognize that in some instances contracting may be necessary, this we feel should be done only as a last resort, and all other solutions have been exhausted.

Our concerns with contracting of care on such a wide scale are:

- **The ability of the Community to provide the expertise needed.**
- **The Communities willingness to contract with the VA.**
- **The Continuity of care for the Veteran**
- **And, the chances of records being lost or misplaced, by being shuffled back and forth between the contracting facilities.**

In the eyes of the American Legion, the VA is a provider of care and not a purchaser of care.

VISN 19 has already evaluated the option of contracting out, or transferring some services, and the conclusion was to keep the acute beds. Several reasons were cited for this:

- **The Cheyenne Medical facilities received high marks from external reviewers.**
- **Volume and case mixes are sufficient to continue**

inpatient care.

- Volumes at other VA Medical Centers are already high And are expected to increase.
- Quality performance is high, along with patient perception, and expectations.
- The majority of Physicians are Board Certified.
- The inpatient service is cost efficient, as shown by data Indicating, lower unit costs than local Medicare or Tricare rates.

The plan recommends that the Cheyenne facility be converted to a CAH, (Critical Access Hospital). The concept of CAH's, originated with the Centers for Medicare and Medicaid Services (CMS), to address rural health care shortages with in the CMS's. The VA borrowed the idea, but, has yet to publish guidelines on what exactly a functioning CAH is.

The American Legion opposes the transferring of services to

Denver. Not only does the Denver market already have a long waiting list, there is a considerable distance between Cheyenne and Denver, thatVeterans, many times in poor health, would be forced to travel. A two hour drive in good weather can quickly change to a much longer and more hazardous drive during the winter months. And many times, this would be added on to an already long drive in getting to Cheyenne.

The American Legion does support the building of new VA facilities on the Fitzsimmons campus. This being based on the fact that the current Denver facility is over 50 years old, and undersized for it mission. The current facilities are, inadequate for modern health care, and is nearing a non-recovery condition. The Wyoming American Legion only asks, that the building of this facility, does not result in reduction of facilities and services, to Veterans being cared for at the Cheyenne VA Hospital.

The Legion believes that the long term projection for the Future numbers of Veterans requiring care is flawed.

The projection shows a downward trend in numbers. Look at what we have going on with our Military today, with veterans requiring short and long term care increasing each day.

The American Legion plans to monitor, and follow up on the progress, to fairly evaluate demand for services in the future including the 2012 and 2022 target years, regarding long term care, mental health, and domiciliary care.

The plan, does not include the establishment of any new CBOC's (Community Based Outpatient Clinics). We believe the VA should reevaluate the need for CBOC's in the Wyoming service area of VISN 19. Every effort should be made to staff the CBOC's with VA personnel.

The American Legion believes there is no reason to change the mission, to restrict the mission, (by designating it a CAH) or continuing the idea of transferring services, or further

contracting out of services. Cheyenne is an excellent facility, with strong leadership, and devotion, to the Veterans of Wyoming, Western Nebraska, and Northern Colorado.

The Hospital also is currently in an agreement with the DOD to provide services for active duty military stationed at F.E. Warren Air Base.

The American Legion commends the Commission for its efforts to realign the system and making it more effective. We ask you, the Commission, to consider the uniqueness of the Veteran population in Wyoming and consider the Rural environment we live and contend with. Reduce the waiting lists, realize that every Veteran that comes before the VA has a name and is not just a number.

All Veterans took an oath of service to the United States of America, with the understanding that if anything went wrong we would be cared for by a grateful Nation. Please continue to honor that oath.

Thank you for inviting the comments of the American Legion on this very important issue. Please consider our concerns. I will try to answer any question you may have.

DISABLED AMERICAN VETERANS

DEPARTMENT OF WYOMING • OFFICE OF THE COMMANDER

Building Better Lives for Wyoming's Disabled Veterans, Their Families, and Survivors

STATEMENT FOR CARES COMMISSION HEARING OCTOBER 23, 3003 IN CHEYENNE, WYOMING

As both the Disabled American Veterans Department of Wyoming Commander and a volunteer driver, I have the opportunity to hear the opinions of a substantial number of veterans. The two primary things I hear, are; veterans prefer to receive their health care from the Veterans Health Administration and they want to receive that care as close to home as possible. Veterans in Wyoming are underserved by the VHA and generally travel substantial distances to receive care. The Community Based Outpatient Clinics have been very successful in providing care closer to home. We would like to have more in Wyoming.

The Disabled American Veterans of Wyoming strongly oppose any degradation of medical services for Wyoming's veterans and therefore oppose any curtailment of surgical services at the Cheyenne VAMC. We have several valid reasons for asking that surgical services not be decreased at the Cheyenne Medical Center. Among them are:

1. Veterans who travel from other parts of the state for surgery frequently utilize the DAV Transportation System. If surgical services in Cheyenne are curtailed, it will mean an additional day of travel. For veterans traveling from cities such as, Riverton or Sheridan, this would entail a six day round trip.

2. During inclement weather (of which, Wyoming seems to have its share), an extra 100 miles to Denver is daunting. Even during good weather, the Colorado traffic is formidable, especially for older, disabled, or ill veterans who are likely not used to the heavy traffic conditions.

3. The extra distance to a surgical facility will mean longer waits for surgery.

4. The facility in Denver is already taxed to capacity.

5. The extra distance to the hospital makes it that much more difficult for the patient's family to accompany or visit him or her.

6. The Cheyenne Medical Center is under-utilized. With the closure of the F.E. Warren hospital, the VAMC is the ideal place to provide services for active duty personnel. Face it. They are future veterans.

7. Utilizing the Cheyenne facility is more cost effective than using contract facilities or transporting patients to a facility 100 miles away.

8. We anticipate the diminished surgical services will have a negative effect on the new Orthopedic Clinic sometime in the future.

Our greatest fear is that this will be the first step in the gradual erosion of services to the veterans of Wyoming.

The Disabled Veterans of Wyoming and I thank you for your kind attention

Respectfully,

Don Neville, Commander

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Wyoming Military Department
State of Wyoming Veterans' Commission
Before The
Capital Asset Realignment for Enhanced Services
(CARES) Commission on
The Draft National CARES Plan
October 23, 2003

Introduction: Bob Palmer, Chairman, Don Ewing, State Director,

Madam Chairperson (Vernice Fergenson) and members of the CARES Commission, it is an honor to appear before you today representing the State of Wyoming Veterans Commission. As a Commission, by statute, we represent all 57,550 Wyoming veterans, most of whom do not belong to any Veteran Service Organization. These veterans compose 13% of the State's population, and 34% of our veterans utilize the VA healthcare system.

We are constantly reminded that the Cheyenne VAMC is one of the most outstanding VA Medical Centers in existence. In a recent IG inspection, they canvassed 31 patients and received 31 positive responses. This is the type of care we have come to expect and receive at the Cheyenne VAMC.

This Monday, I visited the Cheyenne VAMC for a stomach procedure, and it was first class. Also receiving the same procedure was a veteran from Colorado who chose to come to Cheyenne versus Denver as it was known that he would receive superior quality and access at Cheyenne.

Our Wyoming veteran population continues to grow and we have seen patient visits grow over 100% in the last 5 years – in some specialty areas such as female soldiers and female veterans, this approaches 500% growth. With our active duty, guard and reserve members sharing the hospital with veterans, do we want to compromise our fighting forces by forcing them to travel to Denver for a procedure that can be done better and at a lower cost at Cheyenne?

Many of our veterans already travel hundreds of miles to get to Cheyenne through mountain passes that can be hazardous if not impossible 9 months of the year. The Sheridan VAMC, 325 mi. to the north, refers many of their medical patients to Cheyenne, and if the Draft National Plan (DNP) were implemented, these veterans would have to travel an additional 2-1/2 hours to Denver and then find parking. In viewing our veterans, we need to factor in our aging population with disabilities. Many of our veterans already have a difficult time in getting to Cheyenne after having driven through ice and snow, and these veterans would then be asked to drive another 120 miles through often hazardous winter conditions at which time they hit the Denver traffic jamb. At this point, this move has compromised our older veteran's reactions and we become prime candidates for an accident. Wyoming cannot support a plan that places our veterans at risk in such a callous manner.

The Draft National Plan recommends the conversion of the Cheyenne facility into a Critical Access Hospital (CAH) and transfer surgery and ICU to Denver or contract out. **We do not support this proposal**. Many counties in Wyoming do not have a hospital, and many towns do not have a doctor, thus Wyoming as a whole is medically undeserved. Contracting out services would not make sense cost wise or for the veteran. Adding Cheyenne veterans to the already backlogged system in Denver does not make sense.

If the intent of CARES and the VA is to provide ACCESS and TIMELY and QUALITY care for our veterans, limiting or eliminating veteran's services and access to the Cheyenne VAMC is absolutely contradictory. The VISN has already evaluated the option of contracting out or transferring some services and their conclusion was not to do this. They cited several reasons for this:

- High marks for the Cheyenne medical center by external reviewers.
- Volume and case mix are sufficient to continue impatient care.
- Volumes at other VA medical Centers are expected to increase.
- Quality performance is high.
- The majority of physicians are board certified.
- The inpatient service is COST EFFICIENT as shown by data indicating lower unit costs than local Medicare or TRUCARE rates.

The Wyoming Veterans' Commission recommends that the Cheyenne VAMC maintain ALL services and care it currently provides. We also believe there is no reason to change the mission, restrict the mission (by designating it a CAH) or study the feasibility of transferring services or further contracting out of services. It is an excellent facility that provides much needed services to the veterans of Wyoming, Western Nebraska and Northern Colorado. Furthermore, the Cheyenne VAMC currently has DOD Agreements to provide services for active duty military stationed at nearby F.E. Warren Air Base.

This commission does support an increase of Community Based Outpatient Clinics (CBOC's) within VISN 19 to include, but not limited to, Rawlins, Pinedale, and Afton/Star Valley as well as the planned construction of the new VAMC at Fitzsimmons.

In summary, Wyoming needs and deserves a full service VAMC at Cheyenne, including inpatient services and ICU. We have a very good one, the Cheyenne VAMC. There is an old axiom that has stood the test of time quite well: "IF IT AIN'T BROKEN, DON'T FIX IT". The Cheyenne VAMC is not broken so please do not fix it.

In closing, the Commission and Major General Wright, the Adjutant General of Wyoming, encourages the CARES Commission to reach a solution that retains all existing services at the Cheyenne VAMC.

I thank you for your time and God Bless America.